



Urban League of  
Greater Cincinnati

Opening Doors...Building Futures

## **SUMMER YOUTH EMPLOYMENT PROGRAM** **funded by The City of Cincinnati**

Dear Parent or Guardian:

The Urban League of Greater Cincinnati and our partners Easter Seals TriState, Urban Appalachian Council, Cincinnati State Technical and Community College and the Cincinnati-Hamilton County Community Action Agency are excited that your child has expressed an interest in being part of the Summer Youth Employment Program funded by the City of Cincinnati. The City has provided funding for **277 subsidized jobs** for youth between the ages of 14 and 18 who must be residents of the City of Cincinnati.

Youth participants will work TWENTY (20) hours per week for EIGHT (8) weeks and will earn \$7.85 per hour.

### **APPLICATIONS WILL ONLY BE ACCEPTED ON THE FOLLOWING DATES AND TIMES:**

**Saturday, May 4<sup>th</sup> 9:00 a.m. until 1:00 p.m.**  
**Monday, May 6<sup>th</sup> 4:00 p.m. until 6:00 p.m.**  
**Tuesday, May 7<sup>th</sup> 4:00 p.m. until 6:00 p.m.**

### **APPLICATIONS WILL ONLY BE ACCEPTED AT THE FOLLOWING LOCATION:**

**Urban League of Greater Cincinnati**  
**3458 Reading Road (Reading Road near Prospect Place)**  
**Cincinnati, Ohio 45229**

**Parking is available across the street at Reading Road and Prospect Place**



**THE CHECKLIST BELOW EXPLAINS HOW TO COMPLETE THIS APPLICATION  
AND WHAT SUPPORTING DOCUMENTS ARE NEEDED:**

✓	<b>THIS APPLICATION PACKET INCLUDES:</b>
	<b>2 Page Application (MUST BE SIGNED BY YOUTH APPLICANT)</b>
	<b>Authorization of Release of Information and Waiver Form (MUST BE SIGNED BY PARENT OR GUARDIAN)</b>
	<b>Emergency Data Sheet (MUST BE SIGNED BY PARENT OR GUARDIAN)</b>
	<b>SIGNED WORK PERMIT ISSUED BY A CINCINNATI PUBLIC SCHOOL</b> <ul style="list-style-type: none"><li>• <b>14 &amp; 15 YEAR OLDS</b> must take the enclosed <i>Application For Minor Work Permit</i> to a Cincinnati Public School in order for the school to issue a Work Permit</li><li>• <b>16 &amp; 17 year olds</b> must have a Parent or Guardian sign the <i>Parent or Guardian Consent Form</i> instead of a Work Permit</li><li>• <b>18 year olds</b> – Neither form is required</li></ul>
	<b>2013 Demographic Information Form (MUST BE SIGNED BY PARENT OR GUARDIAN &amp; YOUTH APPLICANT)</b> <ul style="list-style-type: none"><li>• <b>NEEDS PARENT OR GUARDIAN INCOME INFORMATION</b></li></ul>
	<b>ADDITIONAL DOCUMENTS REQUIRED:</b>
	<b>Proof of Identity (one of the documents listed below):</b> <ul style="list-style-type: none"><li>• Birth Certificate</li><li>• Power School print out from your Principal that includes age</li><li>• JFS Eligibility document that includes age</li></ul>
	<b>Social Security Card or letter from Social Security Office</b>
	<b>Picture I.D. (one of the documents listed below):</b> <ul style="list-style-type: none"><li>• School I.D.</li><li>• State I.D.</li><li>• Passport</li></ul>
	<b>Proof of Residency (one of the documents listed below):</b> <ul style="list-style-type: none"><li>• Utility Bill</li><li>• Cable Bill</li><li>• Report Card with address</li></ul>

**ALL APPLICANTS MUST BE RESIDENTS OF  
THE CITY OF CINCINNATI!**

**APPLICATIONS THAT ARE NOT COMPLETE  
WILL NOT BE ACCEPTED!**



Urban League of  
Greater Cincinnati

Opening Doors...Building Futures

## Frequently Asked Questions

- The first 317 applicants will be invited to attend an orientation session.
- It is highly recommended that parents attend orientation with the youth. We want to make sure you are able to support and encourage your child so that they will have a successful summer experience.
- After orientation, youth will be assigned the specific days and locations for 20 hours of work readiness training to prepare them for their work experience.
- **YOUTH MUST ATTEND TWENTY (20) HOURS OF WORK READINESS TRAINING TO BE ELIGIBLE FOR A WORK PLACEMENT.**
- Youth will receive bus cards for transportation and will be paid for training hours.
- **Final job placement will be determined by the completion of all requirements and the order in which applications are received.**

**If you have further questions, call the  
INFORMATION HOTLINE number at  
(513) 281-9955 extension 303!**



Urban League of  
Greater Cincinnati



**Cincinnati-Hamilton County  
Community Action Agency**  
*We help make things happen*



## SUMMER YOUTH EMPLOYMENT PROGRAM APPLICATION

**Please print legibly using black or blue ink only**

<b>Youth Applicant's FIRST &amp; LAST NAME</b>								
<b>Home Address</b>						<b>Apartment or Floor #</b>		
<b>City, State and Zip Code</b>								
<b>Do you live in the City of Cincinnati?</b>	<input type="checkbox"/> Yes					<input type="checkbox"/> No		
<b>Home Phone Number</b>	(513) _____							
<b>Social Security Number</b>								
<b>Date of Birth (year/month/day)</b>						<b>Your Age Today</b>		
<b>Youth Applicant's Cell Phone Number</b>	(513) _____							
<b>Parent/Guardian's Name(s)</b>								
<b>Parent/Guardian's Cell Phone Number</b>	(513) _____							
<b>Sex (check one)</b>	<input type="checkbox"/> Female					<input type="checkbox"/> Male		
<b>Ethnicity (check one)</b>	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic			<input type="checkbox"/> Ethnicity Unknown		
<b>Race (check one)</b>	<input type="checkbox"/> Asian		<input type="checkbox"/> White			<input type="checkbox"/> African American		
	<input type="checkbox"/> Multi-racial		<input type="checkbox"/> American Indian/ Alaskan Native			<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		
<b>Number of people in your household</b>						<b>Head of Household</b> Male _____ Female? _____		
<b>HOUSEHOLD INCOME:</b>								
<b>1. Circle the total number of family members in your household.</b> (Unrelated individuals are considered as one person households).								
<b>2. In the column for your household size, circle the income range that corresponds to your total family income.</b>								
<b>Income Limits</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
Very Low (50%)	\$24,050	\$27,500	\$30,950	\$34,350	\$37,100	\$39,850	\$42,600	\$45,350
Extremely Low (30%)	\$14,450	\$16,500	\$18,550	\$20,600	\$22,250	\$23,900	\$25,550	\$27,200
Low (80%)	\$38,500	\$44,000	\$49,500	\$54,950	\$59,350	\$63,750	\$68,150	\$72,550



<b>Do you need special accommodations?</b>		
<b>Referral Agency</b>	<i>Circle if appropriate:</i> Easter Seals - Cincinnati State – Urban Appalachian Council – Cincinnati-Hamilton County Community Action Agency – Urban League of Greater Cincinnati	
<b>Have you participated in a Summer Youth Employment Program before?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Employer's Name:</b> <b>When:</b>	
<b>Are you interested in working for a specific employer in 2013?</b>	<input type="checkbox"/> Yes	<b>Employer's Name:</b> <b>Contact Person:</b>

1. I attend high school.	<input type="checkbox"/> A. True	<input type="checkbox"/> B. False
2. I am currently participating/enrolled in a GED program.	<input type="checkbox"/> A. True	<input type="checkbox"/> B. False
3. I have graduated or obtained a GED.	<input type="checkbox"/> A. True	<input type="checkbox"/> B. False
4. I am attending, or have you been accepted to attend college.	<input type="checkbox"/> A. True	<input type="checkbox"/> B. False
5. I have been employed in the past.	<input type="checkbox"/> A. True	<input type="checkbox"/> B. False
6. I held the same job for: (check one)	<input type="checkbox"/> A. Under 30 days	<input type="checkbox"/> B. 30-60 days
	<input type="checkbox"/> C. 60-90 days	<input type="checkbox"/> D. Not Applicable
7. Reason for leaving last job: (circle one)	<input type="checkbox"/> A. Gave notice and quit	<input type="checkbox"/> B. Fired or quit without giving notice
	<input type="checkbox"/> C. Seasonal, employment program or temporary assignment ended	<input type="checkbox"/> D. Not Applicable
8. Did you receive Summer Youth Employment Information from the Mayor's Job Fair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### EMERGENCY CONTACTS

<b>Name</b>	<b>Name</b>
<b>Relationship</b>	<b>Relationship</b>
<b>Home Phone Number (513)</b>	<b>Home Phone Number (513)</b>
<b>Work Phone Number (513)</b>	<b>Work Phone Number (513)</b>
<b>Cell Phone Number (513)</b>	<b>Cell Phone Number (513)</b>
I certify that all of the information in this application packet is true and complete. I authorize the Urban League of Greater Cincinnati to verify the accuracy of the information. I understand that I am applying to participate in the Summer Youth Employment Program (SYEP), and at this time, acceptance is based on space availability and qualifications under the financial and program guidelines. The SYEP is funded by the City of Cincinnati.	
<b>YOUTH'S SIGNATURE:</b> _____ <b>DATE:</b> _____	



**THIS FORM MUST BE COMPLETED & SIGNED BY THE PARENT OR GUARDIAN**

**AUTHORIZATION OF RELEASE OF INFORMATION AND WAIVER FORM**

I, the parent or guardian of \_\_\_\_\_, (print child's name, *if under age 18*) do hereby understand that the information given and obtained will be for the sole purpose of providing programs and services by the Urban League of Greater Cincinnati Summer Youth Employment Program and its program partners and volunteers.

**Please initial the releases for which you give your consent.**

<b>Media Release</b>  _____ Youth Participant/ Parent or Guardian Initials	Any reporting to the general public will be generic in nature. I understand that the Urban League of Greater Cincinnati (hereinafter referred to as GCUL) or any of the program partners will pay neither my child nor me for pictures and any information obtained for the purpose of promoting the program.
<b>Liability Waiver</b>  _____ Youth Participant/ Parent or Guardian Initials	I agree to assume full responsibility for any injuries, damages or loss which my child may sustain as a result of participating in any and all program activities. I further agree to indemnify, defend and hold harmless GCUL and any program partners and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child arising out of, connected with or in any way associated with the activities of the program.
<b>Release of School Information</b>  _____ Youth Participant/ Parent or Guardian Initials	I do hereby give my permission to GCUL and any program partners to release or obtain information about my child from any agency of the Board of Education including school data and testing scores.  School most recently attended _____
<b>Medical Release</b>  _____ Youth Participant/ Parent or Guardian Initials	I hereby consent to:  1) the administration of any treatment deemed necessary by  Dr. _____ ( <i>name and phone of preferred physician</i> )  2) the transfer of the child to _____ <i>(preferred hospital or to any hospital reasonably accessible)</i>  EMERGENCY CONTACT NAME: _____  EMERGENCY CONTACT PHONE: _____
<b>Consent</b>  _____ Parent or Guardian Initials	<b>By signing this release and waiver form I affirm and hereby execute on behalf of the participant that I have read and fully understand the competence and validity of this document and warrant that I am a parent or guardian authorized to execute this release and waiver form.</b>

<b>Youth Participant's Name (Please Print)</b>  _____	<b>Parent/Legal Guardian's Name (Please Print)</b>  _____
<b>Date</b>  _____	<b>Parent/Legal Guardian's Signature</b>  _____



**THIS FORM MUST BE COMPLETED & SIGNED BY THE PARENT OR GUARDIAN**

City of Cincinnati  
Summer Youth Employment Program (SYEP)  
**EMERGENCY DATA SHEET**

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical condition(s) – Please include allergies, disability and/or diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

Current Medications:

\_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Taken for \_\_\_\_\_

\_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Taken for \_\_\_\_\_

\_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_ Taken for \_\_\_\_\_

List other medications on back of form.

Will youth be taking medication while at work during the SYEP? \_\_\_\_ Yes \_\_\_\_ No  
(Youth MUST be able to take medication independently; without reminder or monitoring)

Preferred Hospital \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have a medical card? \_\_\_\_ Yes \_\_\_\_ No Type: \_\_\_\_\_

May SYEP staff administer First Aid/CPR: \_\_\_\_ Yes \_\_\_\_ No

Do you have a seizure disorder? \_\_\_\_ Yes \_\_\_\_ No Date of last seizure: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

I agree to permit SYEP to provide a copy of this EMERGENCY DATA SHEET for the youth named above, to attending Medical and/or police personnel in the event of a medical emergency. Permission to release this information is granted for the youth named above for the entire duration of the association with the SYEP.

**Parent OR Guardian signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant has guardian, guardian must sign)

**SYEP Staff Witness:** \_\_\_\_\_ Date: \_\_\_\_\_

**If further notification is needed, please contact:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**You are required to be complete this form in order to be eligible for the Summer Youth Employment Program**



**THIS FORM MUST BE COMPLETED & SIGNED BY THE PARENT OR GUARDIAN**  
**PARENT OR GUARDIAN CONSENT FORM**

(To be completed for Sixteen and Seventeen Year Olds Only instead of a Work Permit)

Full Name of Minor		
Last Name	First Name	Middle Initial
<b>Proof of Age</b> (Minor must present a copy of proof of age that can be kept with personnel records) <b>Type of Document Presented:</b>		
Address of Minor		
Street Address	City, State	Zip Code
Date of Birth	Age	School District in Which Minor Lives
School Minor Attends		
Name of Parent or Guardian		Relationship to Minor
Address of Parent or Guardian		Telephone Number
Street Address		City, State and Zip
I hereby certify that to the best of my knowledge and belief, the above statements are true and that the minor named above may work with approval.		
Signature of Parent or Guardian		Date Signed
<p>Minors aged sixteen and seventeen who are to be employed during summer vacation months after the last day of the school term in the spring and before the last day of the school term in the fall, in non-agricultural and non-hazardous employment as defined by the Fair Labor Standards Act of 1938, 52 Stat. 1060, 29 U.S.C.A. 201, and similar state statutes, or in other employment not prohibited to minors age sixteen and seventeen by law, shall not be required to provide an age and schooling certificate as a condition of employment. In order to be hired for employment during summer vacation months, such minors shall provide the employer with the following:</p> <ol style="list-style-type: none"><li>1) Evidence of proof of age in the same manner as proof of age is provided the superintendent of schools under division C of Section 3331.02 of the Revised Code.</li><li>2) A statement signed by the minor's parent or guardian consenting to the proposed employment during the summer vacation months. For the purpose of this section, in the absence of a parent or guardian, a person over eighteen years of age with whom the minor resides may sign such statement.</li></ol> <p><b><i>The employer shall retain a copy of the proof of age and the statement of consent with the minor's employment records.</i></b></p>		





**THIS FORM MUST BE COMPLETED & SIGNED BY THE APPLICANT PARENT/GUARDIAN AND CHILD**  
**2013 DEMOGRAPHIC INFORMATION FORM**

The business to which you are applying has received financial assistance through the Community Development Block Grant (CDBG) Program. This is a program of the United States Department of Housing and Urban Development. As part of the CDBG Program requirements, the business must report the number of jobs for persons of low and moderate income households.

Applicant Parent/Guardian's Name: \_\_\_\_\_  
PLEASE PRINT YOUR FULL NAME

Job Title: **SUMMER YOUTH EMPLOYMENT PROGRAM** \_\_\_\_\_  
PLEASE PRINT CHILD'S NAME

Is Position - Full Time \_\_\_\_\_ OR Part Time X

**Instructions:**

- Circle the total number of family members in your household. (Unrelated individuals are considered as one person households).
- In the column for your household size, circle the income range that corresponds to your total family income. (See examples on the next page.)

Income Limits (% of Median Family Income)		1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	Very Low (50%) Income Limits	\$24,050	\$27,500	\$30,950	\$34,350	\$37,100	\$39,850	\$42,600	\$45,350
	Extremely Low (30%) Income Limits	\$14,450	\$16,500	\$18,550	\$20,600	\$22,250	\$23,900	\$25,550	\$27,200
	Low (80%) Income Limits	\$38,500	\$44,000	\$49,500	\$54,950	\$59,350	\$63,750	\$68,150	\$72,550

- Please check **ONLY** one option below that applies to you.

☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native  
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaska Native & White ☐ Asian & White  
☐ Black/African American & White ☐ American Indian/Alaska Native & Black/African American  
☐ Other Multi-Racial

Please check **ONLY** one option below that applies to you.

Hispanic Origin  
☐ Yes ☐ No

Please check **ONLY** one option below that applies to you.

Female Head of Household  
☐ Yes ☐ No

Each applicant must sign the form certifying the accuracy of the information provided.

I certify that this information is accurate to the best of my knowledge, and I understand that this information is subject to verification by authorized officials.

Applicant Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC  
4109.02 ORC

## STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

☐ Male ☐ Female

Grade Level:

Proof of Age (Type of document):

Age:

Date of Birth:

Physician's certificate:

☐ Submitted with this application ☐ Valid physician's certificate on file

Address of Student /Applicant:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

Address of Parent or Guardian:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR NAMED ABOVE WILL WORK WITH MY APPROVAL.

**X**

Signature of Parent or Guardian

Date Signed

THE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL PERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN ANY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE ABOVE NOTED DOCUMENTARY PROOF OF AGE.

**X**

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Name of Office

Address of Office

## PLEDGE OF EMPLOYER

Name of Firm:

Telephone Number at Minor's Work Location:

Address of Student /Applicant's Place of Employment, Job Site, or Work Location:

Specific Nature of Employment:

Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY

No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:





IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE LIMITS OF THE LAW?

☒ YES

☐ NO

THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE EMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE WITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE IS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

**X**

Signature of person authorized to sign for employer

3-25-13

Date signed

(513) 281-9955

Telephone number

**THIS COMPLETED FORM MUST BE TAKEN TO SCHOOL TO RECEIVE A WORK PERMIT!**

Address of employer if different from minor's place of employment

E-Mail address

(Optional- if employer wants notification in case of revocation)

# PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC  
4109.02 ORC

## APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

☐

Male

☐

Female

Date of Birth:

Height:

Weight:

Color of Hair:

Color of Eyes:

ft.

in.

lbs.

Distinguishing Characteristics, if any:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

## PHYSICIAN'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON;

☐

IS

☐

IS NOT

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.

**X**

Physician's Signature

Date Signed

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.

Limited Certificate:

☐

YES

☐

NO

If Marked YES;

Employment should be Limited to Work Specified Below: